

Civil Detention Information

For Persons Detained
To Mental Health
Facilities and Programs

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INTRODUCTION

τ This informational packet was developed and distributed to mental health facilities by the Missouri Department of Mental Health. If you are detained involuntarily, the mental health facility that has accepted you for the initial 96 hours of involuntary treatment is required by Missouri State Statute, section 632.392.1, to provide you with this information.

τ The purpose of this packet is to assist you and your family in understanding the symptoms of common mental illnesses, early warning signs of mental illness, and availability of other education, community, and statewide services.

τ We will be revising this booklet from time to time and would appreciate your comments and suggestions to improve it to better meet your needs. Send any suggestions to:

Missouri Department of Mental Health
1706 East Elm St., P.O. Box 687
Jefferson City, MO 65102

MENTAL ILLNESS FACTS

- Biological, psychological and social problems contribute to mental illness.
- Mental illnesses are medical illnesses that cannot be controlled merely by changing one's way of thinking.
- One in five persons will experience depression in their lifetime.
- More than 11 million Americans suffer from depression each year.
- One in 50 children suffers from depression.
- More than seven million of America's children and adolescents suffer from diagnosable mental disorders.
- Current statistics indicate that only 20 percent of the children in need are receiving the services they need.
- Ludwig Von Beethoven, Winston Churchill, and Vincent Van Gogh all suffered from bipolar disorder.
- In any one year, two million Americans suffer from schizophrenia.

- Medications relieve serious symptoms in more than 80 percent of those with schizophrenia. Slightly more than 60 percent of Americans with schizophrenia receive treatment.

- With appropriate treatment, 80 to 90 percent of those suffering from depression can be helped to feel better in weeks.

SUICIDE

Suicide is a reaction to intense feelings of loneliness, worthlessness, hopelessness, or depression. Threats or attempts of suicide are calls for help. Knowing the warning signs and being prepared to answer these calls for help could prevent many suicides.

τWhy people commit suicide.

Problems that seem overwhelming may lead a person to think the only solution is to end his or her life. Suicide also can take place indirectly when a person's reaction to a problem leads him or her to act recklessly or ignore serious illness.

The following are some stressful situations that can trigger suicidal feelings:

- **Depression** – Depression is the leading cause of suicide. It can be caused by a personal loss, heredity, or a chemical imbalance in the body.
- **Crisis** – Major life changes, anger, humiliation, or frustration can lead a person to attempt suicide, sometimes before having had a chance to think it over.
- **Elderly** – The changes wrought by advancing age can be frightening and may lead an older person to think of suicide as an alternative.
- **Substance abuse** – Substance abuse can weaken a person's self-control and lead to self-destructive behavior.

τHigh risk groups.

While suicide knows no social or cultural boundaries, members of some groups are more prone to attempt or commit suicide than others. *You do not have to have a mental illness to have suicidal feelings.*

The following are considered high-risk groups:

- **The elderly** – Feelings of loneliness, loss of friends or spouse, loss of income and independence, and declining health often make older persons consider suicide as an alternative.
- **Young adults and college students** – Burdened with independence and responsibility for the first time, pressured to succeed in college or on the job, and faced with a world they seemingly cannot change, many young adults are overwhelmed and see suicide as an escape.
- **Business people and professionals** – The pressures to succeed and disillusionment over unfulfilled dreams place business people and professionals at risk.

- *Native Americans* – Life on the reservation, with its high rates of unemployment and substance abuse, and an exclusion from society's mainstream have led to suicide rates on some reservations five times that of the general population.
- *Minorities and the poor* – Despair brought on by discrimination, poverty, unemployment, and a feeling of being trapped, are causes of suicide.
- *Children* – Depression brought on by child abuse or neglect and an inability to communicate feelings or ask for help has led children as young as five years of age to commit suicide.

τSuicide among young people.

Suicide is one of the leading causes of death among people ages 15 to 24. Young people are especially susceptible to suicide because they can experience many of the same stressors that face adults, in addition to the pressures of growing up. However, young people usually lack a network of support that many adults have, a perspective on life, or experience in dealing with problems.

τWarning signs.

Suicide is rarely a spur-of-the-moment decision and most people give warning signs that they are contemplating taking their own lives. Some warning signs are:

- *Threats or previous attempts* – People who threaten suicide must be taken seriously, even if they have no intention of carrying out the threat. A previous attempt may have generated the attention a person was needing – and needing that attention again, the person may attempt suicide again.
- *Depression* – Anyone suffering from severe and prolonged depression is at risk of attempting suicide.
- *Personality or behavioral changes* – Someone who has been depressed or troubled and suddenly is better or seems to have resolved their conflicts may have decided upon suicide as a solution. Insomnia, loss of weight or appetite, loss of sexual drive, and withdrawal are also warning signs.
- *Preparations for death* – Someone suddenly making out a will, putting their affairs in order, giving away personal possessions, or acquiring the means of committing suicide (buying a gun, stockpiling sleeping pills, etc.), is sending out a warning sign.

τHow you can help.

One of the misconceptions of suicide is that someone who has decided to take his or her life is beyond help. In most cases, the crisis period when a person is actually considering taking his or her life is limited, and the person can be helped past this period.

Another misconception is that mentioning suicide may give the person the idea. If someone is showing warning signs of being suicidal, that person has already thought about it and talking frankly about it can actually help prevent a person from acting on the idea.

Here are ways to help:

- *Give emotional support* -- Don't challenge the person, but take him or her seriously and offer to help. Listen to what the person has to say. Try to explain that, with help, the

problem can be overcome and that things can get better. *Stay with the person until help is available or until the crisis passes.*

- **Encourage positive action** -- Suggest steps the person can take to improve the situation. Help the person to stay busy, balancing both work and recreation. The recreation should include physical exercise that will help the person relax and sleep better. Suggest a change of pace or scenery to gain a new perspective.
- **Seek professional help** -- This can be obtained from suicide prevention centers, physicians and mental health professionals, members of the clergy, community mental health centers, or school counselors.

τ What else to do?

People who attempt suicide also face the stigma attached to it by society. This stigma causes discrimination in employment, housing, health care, and in the ability to buy health insurance.

SCHIZOPHRENIA

The least understood of all mental illnesses is schizophrenia (skits-oh-fren-i-ah). Schizophrenia is characterized by disturbed thinking, emotional barriers, and withdrawal from reality. This disorder affects one in every 100 Americans, about two million in all.

τ Who can get schizophrenia.

Schizophrenia can develop suddenly or gradually and can affect people of any age. It is rare in children, where it is believed to be related to autism. Adolescents can have schizophrenia, but diagnosis is difficult because adolescence is naturally a time of rapid and major changes in personality and behavior.

People under 25 account for most episodes of schizophrenia and it rarely strikes for the first time in people over 45. Men are thought to be most susceptible during their 20s and 30s and women are more vulnerable during pregnancy, childbirth, and menopause.

τ Symptoms.

Schizophrenia is a complex disorder affecting one's entire personality. People with the disease often exhibit many of the following symptoms:

- a distorted sense of reality and changing perceptions of people, actions, or the world in general;
- delusions or hallucinations with beliefs or convictions that are seemingly untrue;
- numbed emotions that make it difficult for them to relate to other people or to react to situations that normally would cause strong emotions — or an inappropriate show of emotions such as laughing in a sad situation;
- feelings of isolation and a withdrawal from other people;
- disordered, illogical thinking and an inability to concentrate or to speak coherently; and

- feelings of fear, for the world of a person with schizophrenia is frightening, unpredictable, and unbearably lonely.

Some people with these symptoms can function fairly well without treatment, others may be suffering from other disorders. All of us experience one or more of these symptoms at one time or another, but with schizophrenia, the symptoms are *severe* and *persistent*.

One of the more prevalent misconceptions of a person with schizophrenia is that he or she has “a split personality.” *Split or multiple personalities is a symptom of an entirely different and extremely rare disorder.*

People with schizophrenia are no more violent than other people. On the contrary, their disease often makes them timid and withdrawn.

τCauses.

The exact cause of schizophrenia is unknown and it is believed there is no single cause. Some of the suspected causes are physical in nature, such as chemical imbalances, birth defects, a virus-like infection, and heredity.

Schizophrenia, like other mental illnesses, is not caused by immorality or a weak will. It cannot be “willed away” or cured by “a good rest” or by being told to “get hold of yourself.”

τTreatment.

Schizophrenia can be treated. Many of those who receive treatment are able to live full and productive lives. Treatment takes three forms:

- drug therapy to control symptoms;
- psychotherapy to help break down isolation, reestablish relationships, and develop a network of support; and
- family and community support programs that include 24-hour crisis intervention, supported employment and housing, and psychological training for families to learn to provide the necessary support.

Some people with schizophrenia respond immediately to treatment. For others it may take months or years. A key factor is a person’s ability to stay with a treatment plan. When supported by adequate and readily available community-based services that help a person stay with their treatment, individuals have a better chance of recovering.

τWhat else to do.

People with schizophrenia or any mental illness also face the stigma that society attaches to their illnesses. This stigma causes discrimination in employment, housing, health care, and the ability to buy health insurance. By learning more about mental illness and the effectiveness of treatment, the discrimination can end, thereby removing the stigma that acts as a barrier to successful treatment.

DEPRESSION

Everyone suffers from depression from time to time. It's a natural defense mechanism that allows the mind to take a rest by causing an individual to withdraw from people and activities for a day or two. But for some people, the withdrawal is deeper and lasts longer. It interferes with their lives and can lead them to substance abuse or suicide as a means of escape. When this happens, a person is said to have a mental illness called severe depression.

τ Types of depression.

There are three types of depression:

- **Mild depression** is the most common and can be brought on by both happy or sad events. A wedding is certainly happy, but also very stressful, and the stress can be depressing. Another common cause is childbirth, which may lead to postpartum blues. While usually mild, it can become severe.
- **Moderate depression**, or a feeling of hopelessness, lasts longer and is more intense. Moderate depression is often brought on by a sad event, such as a death of a loved one or loss of a job. It usually does not interfere with daily living, but can become severe. If it persists, professional help may be warranted.
- **Severe depression** can cause a person to lose interest in the outside world, can cause physical changes, and can lead to suicide. A person who suffers from depression for two weeks or more requires professional treatment.

τ Who is affected.

One in five people suffers from depression at some point in his or her life. Depression can strike anyone, even children and babies who have been abused or neglected.

Middle-aged adults are more likely to become depressed than any other age group.

While depression is often associated with loneliness, married people are more likely to become depressed than single people, and women are twice as likely as men to become depressed.

τ Symptoms.

The symptoms of depression range from feeling “down” to feeling suicidal. A slowing down or neglect in performing daily tasks, irritability, poor memory, or changes in behavior are all symptoms. A loss of sexual desire or loss of warm feelings toward family members, a lack of pleasure in anything, or a loss of self-esteem can be symptoms. Physical changes can include sleep disturbances, fatigue, unexplained headaches or backaches, digestive problems, and nausea.

All of us at some time experience one or more of these symptoms. But when they become persistent and so severe that pain and other problems outweigh pleasure much of the time, then it is time to seek professional help.

τ Causes.

There is no one cause for depression. Personality, personal relationships, physical health, and genetics are all factors. People who are highly self-critical, very demanding, or unusually passive may be prone to depression.

Problems with a spouse, child, or employer can cause depression. Imbalances in the chemicals in the brain due to illness, infection, or medications can be a cause. Substance abuse can be a symptom of depression, but also a cause. While depression cannot be inherited, it does seem to be more prevalent in some families.

τ Treatment.

As with most illnesses, treatment is easiest and most effective when begun early. A combination of the following is often used:

- *Medication* in cases of severe depression can bring relief in three to four weeks.
- *Psychotherapy* in the forms of counseling and group sessions are valuable tools in treating depression.
- *Electroconvulsive therapy*, (ECT) or “shock therapy,” involves administering mild electrical shocks to the brain while a patient is under anesthesia.

τ Prevention.

Depression cannot always be avoided, but because it is often related to stress and physical problems, it is possible to lessen the chances of severe depression. Here are some tips:

- Take time for a favorite activity as a way to relax and relieve stress.
- Get plenty of exercise to maintain a healthy body, to relieve tension, and to help get a good night's sleep.
- Don't try to be Superman or Superwoman. Know your limitations and avoid stressful situations.
- Cultivate friendships to have someone to talk to who can provide support.
- Don't be afraid of feelings. There's nothing wrong with being mildly depressed. But if you feel it is more than mild depression, don't hesitate to see a mental health professional.

τ What else to do?

People with depression or any mental illness also face the stigma attached by society. This stigma causes discrimination against people in employment, housing, health care, and in the ability to buy health insurance. By learning more about mental illness and the effectiveness of treatment, this discrimination can end, thereby removing the stigma that acts as a barrier to successful treatment.

BIPOLAR DISORDER

Roller coaster rides of emotion from frantic highs to devastating lows are the classic signs of bipolar disorder.

Also known as manic depression, bipolar disorder is one of the most treatable mental illnesses, but left untreated it can cause mental suffering, disruption of family life, poor job performance, and reckless or dangerous behavior.

τ Symptoms.

A person with bipolar disorder experiences mood swings from mania to depression, with a “normal” period between these cycles of up and down. The length of the cycles varies from a few days to several months and can occur without warning.

During the *manic phase*, these persons may:

- feel “on top of the world” and have an abundance of energy;
- seem to talk and think faster and espouse a number of ideas;
- think they are invincible, leading to reckless behavior and acts that may endanger their life or well-being;
- have delusions of fame or believe they have a special relationship with a famous person; and
- sleep less, be easily distracted, and become irritable.

During the *depressive phase*, these persons may:

- feel hopeless and lose all interest in other people or usual activities;
- experience weight fluctuation and feel tired all the time;
- sleep more than usual or have insomnia; and
- complain of unexplained aches or pains and have trouble concentrating.

A person in the depressive phase is a suicide risk.

The symptoms of the depressive stage are the same as for *clinical depression*, a different mental illness that does not have the manic phase. Bipolar disorder mimics several physical disorders and only a comprehensive physical and mental health evaluation can provide an accurate diagnosis.

τ Causes.

The causes of bipolar disorder are uncertain, but there are factors known to play a role.

- *Heredity*: Bipolar disorder runs in families and may be carried by a gene inherited from one or both parents.
- *Chemical changes*: Persons with bipolar disorder have chemical changes in the brain that continue to be studied for their cause and effect.
- *Stress*: Situations that cause unusual stress, such as physical illness or money problems, may trigger a bipolar disorder episode.

As with any mental illness, bipolar disorder is not a sign of moral weakness or caused by something the person did or did not do. And, as with any mental illness, it cannot be willed away and will not go away if left untreated.

τ Treatment.

A person with a bipolar disorder who receives proper treatment can lead a normal life at work and home. Hospitalization is rare and only necessary if the person is a threat to self or to others

There are three methods of treating bipolar disorder.

- **Medication:** The most common is lithium carbonate. It works by maintaining chemical balances in the brain to prevent mood swings. Other drugs may be used to treat the symptoms of depression.

The medications can have side effects, sometimes severe enough to rule out their use. Constant monitoring of the levels of drugs in the body and their effects is essential. It also may take time to determine the correct dosage, but many people with bipolar disorder are successfully and safely using drug therapy.

- **Psychotherapy:** Used to help a person deal with the illness, its causes, and its effect. Through psychotherapy, persons can learn to deal with situations and people in ways that avoid triggering a bipolar disorder episode. The therapy also helps a person develop a positive self-image and attitude — both essential for good mental health.

- **Electroconvulsive therapy:** Also known as shock treatments, this is used in more severe cases and only when other therapies prove ineffective or cannot be used. Some research says that electroconvulsive therapy is safer and has fewer side effects than medication.

A key to successful treatment of bipolar disorder is the person with the illness. It is the individual's responsibility to take prescribed medication, to consult with a physician before taking other drugs, to let the physician know about other physical conditions (especially pregnancy), to eat a healthy diet, to monitor medications and their effects, and to attend therapy sessions.

Families and friends also play a vital part because a person with bipolar disorder needs encouragement and reinforcement. Family members should be supportive, be able to recognize the symptoms of bipolar disorder, and know how to obtain professional help, especially if the person has threatened suicide.

ANXIETY DISORDERS

Everyone suffers from anxiety from time to time. Anxiety is a feeling of uneasiness, nervousness, fear or worry, about real or perceived threats to safety or well-being, and physical symptoms may result. Acting as an important survival mechanism for humans and animals, the anxiety response alerts us to impending danger and prepares us, both physically and mentally, to protect ourselves. Many situations in daily life can lead to an anxiety response and may not require treatment. But when the symptoms of anxiety become persistent and severe enough to compromise quality of life or functioning, or if anxiety and physical symptoms occur when there is no apparent danger, a person may require treatment for anxiety disorder.

τ **What are the types and symptoms of anxiety disorders?**

There are seven types of anxiety disorders:

- **Agoraphobia** is the fear of being alone or in public places. People with this disorder fear that escape might be difficult from such places. They avoid crowds, tunnels, bridges, and public transportation. Normal activities gradually decrease until the fears of avoidance behavior dominates a person's life.
- **Social Phobia** is a persistent irrational fear of and compelling desire to avoid situations in which a person might be humiliated or embarrassed. Social Phobia, which causes people to avoid social engagements, causes significant distress because the person often realizes that his or her fear is excessive and unreasonable.
- **Simple Phobia** is persistent or irrational fear of, and compelling desire to avoid a particular object or situation other than being alone. Phobic objects often include animals, and phobic situations frequently include heights or closed spaces.
- **Panic Disorder** is a period of apprehension or fear in which a person feels some or all of the following symptoms during each attack: 1) difficulty in breathing (dyspnea), 2) palpitations, 3) chest pain or discomfort, 4) a choking or smothering sensation, 5) dizziness, vertigo, or unsteady feelings, 6) feelings of unreality, 7) tingling in hands or feet (paresthesias), 8) hot and cold flashes, 9) sweating, 10) faintness, 11) trembling or shaking, 12) fear of dying, going crazy, or being uncontrolled during an attack.
- **Generalized Anxiety Disorder** is a generalized, persistent anxiety resulting in symptoms from at least three of these four categories: 1) motor tension, i.e., shakiness, jitteriness, jumpiness, trembling, tension, muscle aches, fatigue, inability to relax, eyelid twitch, furrowed brow, strained face, fidgeting, restlessness, easy startle, 2) autonomic hyperactivity: sweating, heart pounding or racing, cold clammy hands, dry mouth, dizziness, light-headedness, tingling in hands or feet, upset stomach, hot or cold spells, frequent urination, diarrhea, discomfort in the pit of the stomach, lump in the throat, flushing, pallor, high resting pulse and respiration rate, 3) apprehensive expectation: anxiety, worry, fear, rumination, and anticipation of misfortune to self or others, and 4) vigilance and scanning: resulting in distractibility, difficulty concentrating, insomnia, feeling "on edge," irritability, impatience.
- **Obsessive Compulsive Disorder** may be characterized by either obsessions or compulsions: *Obsessions* are recurrent, persistent ideas, thoughts, images or impulses that are not voluntarily produced, but thoughts that invade a person's consciousness and are experienced as senseless or repugnant. Attempts are made to ignore or suppress these thoughts.

Compulsions are repetitive and seemingly purposeful behaviors that are performed according to certain rules or in a stereotyped fashion. The behaviors are not ends in themselves but are designed to produce or prevent some future event or situation. However, the activities either are not connected in a realistic way with the events, or they may be clearly excessive. The behaviors are performed with a sense of subjective compulsion coupled with a desire to resist, at least initially. The acts do not produce a sense of pleasure, but rather a release of tension. The behaviors are a significant source of distress to the person or interfere with their social or role functioning.

τ Who is affected?

An estimated 14.6 percent of Americans suffer from phobias, panic attacks, and obsessive-compulsive disorders, and 75 percent of these people do not seek treatment. However, many visit their internists or family physicians with concerns about symptoms that may be caused by an anxiety disorder. Recent studies indicate that 20 percent of the ailments for which Americans seek a doctor's care are related to anxiety. Persistent anxiety can produce a variety of emotional and physical symptoms.

τ What are the causes of anxiety?

Today there are many situations or stressors that can lead to prolonged anxiety responses - the demands of a stressful career, financial woes, divorce, and family problems. Over time, symptoms such as irritability, edginess, depressed mood and varied physical complaints may result. However, anxiety is not always the result of current or past stress, and is not always a "mental" or "emotional" problem.

τ How are anxiety disorders treated?

Following diagnosis by a physician or other mental health professional, treatment can be undertaken through a variety of medical approaches, including behavioral therapy, psychotherapy, medication, or a combination of therapies. With appropriate treatment, sufferers of anxiety disorders can improve, recover, and return to normal activities. Research indicates that 90 percent of phobic and obsessive-compulsive patients will recover with behavioral therapy. Other studies show that while they are taking appropriate medications, 70 percent of those who suffer panic disorders improve. Medications also have been shown to be effective for about half of those with obsessive-compulsive disorder.

τ What else can a person do?

Recommendations by a physician or mental health professional may include dietary changes (reduction of caffeine intake), increased exercise, and a course of therapy. (In order to find better ways of coping with pressures and circumstances that may have contributed, a person may join a support group or seek individual counseling with a qualified therapist). A person should recognize that there are not "overnight cures" for persistent anxiety and that many treatments used work gradually to relieve anxiety, but are highly effective and well worth the wait. Help should be sought from a psychiatrist if there is no apparent improvement after a visit to a family physician or a mental health professional.

CHILDHOOD MENTAL ILLNESSES

Childhood is usually thought of as a happy, carefree time in life, but for more than seven million children in the United States, that happiness can be elusive because of mental illness.

Left untreated, mental illnesses in children and adolescents too often lead to tragic results. Because they occur at a crucial point in a young person's physical and social development, mental illnesses may cause delays in development that lead to further problems in adulthood. For many adolescents with a mental

illness, the burden is overwhelming. Among adolescents ages 15 to 19, suicide is the second-leading cause of death.

Mental illnesses in children and adolescents can be successfully treated, but the key is early detection and access to adequate mental health services. Unfortunately, only one in five children with a mental illness actually receives needed services.

τ Types of Mental Illnesses in Children and Their Causes.

Children and adolescents are susceptible to the same mental illnesses that afflict adults. In fact, many of the symptoms of adult mental illness appear before age 20. Young people are especially at risk of depression, obsessive-compulsive behaviors, phobias, and substance abuse. Some mental illnesses, such as depression, can occur in children too young to effectively communicate their pain.

Another form of mental illness that appears in childhood or adolescence is severe emotional or behavior disorder. As many as one in five Missouri children may have an emotional or behavior disorder, ranging from barely noticeable to disruptive to their education, development, and family life.

Attention-deficit disorder (ADD) affects from three to 10 percent of all children in America. Thought to be 10 times more common in boys than in girls, this disorder often develops before the age of seven, but is most often diagnosed when the child is between the ages of eight and 10.

The child with ADD:

- has difficulty finishing any activity that requires concentration at home, school or play; shifts from one activity to another.
- doesn't seem to listen to anything said to him or her.
- acts before thinking, is excessively active and runs or climbs nearly all the time; often is very restless even during sleep.
- requires close and constant supervision, frequently calls out in class, and has serious difficulty waiting his or her turn in games or groups.

The causes of mental illness are varied, but most are caused by imbalances in the brain's chemistry, by a head injury, or by emotional trauma. Some mental illnesses are more prevalent in some families, suggesting a hereditary link.

Mental illnesses are not punishment for sins, or sign of weak character, or immorality. They cannot be willed away and children or adolescents cannot "outgrow" them.

τ Warning Signs.

Parents and educators are the most likely to detect a mental illness or emotional disorder because of their consistent contact with a child. Some of the warning signs are:

- a drop in school performance
- unwarranted worry or anxiety
- an inability to cope with day-to-day problems
- changes in sleeping or eating habits
- aggression toward others

- an excessive fear of getting fat, of not being liked, etc., beyond the normal adolescent anxieties. In other words, a fear that causes them to act in an irrational or dangerous manner.

τ **Diagnosis and Treatment.**

The first step is to determine what is causing a youngster's unusual behavior. There are many possible causes, including physical problems. If the cause is determined to be a mental illness or disorder, treatment may range from counseling to medication, or a combination of both. In most cases, treatment can be done on an outpatient basis in the child's own community. Treatment also may include counseling for parents and family. In rare cases, hospitalization may be necessary.

τ **Public Awareness.**

A mental illness is no different than having any other illness. However, many people are not informed about the causes of mental illnesses, the success rates of treatment, and the ability of persons who have or who have had a mental illness to live normal lives. They may look upon mental illness with fear and their misconceptions may lead them to unfairly treat a person with a mental illness unfairly.

τ **Obtaining Treatment.**

Anyone who believes that he or she, a family member, or a friend is suffering from a mental illness should contact a mental health professional or a family physician for advice. In most instances, persons with mental illnesses do not require hospitalization unless the mental illness is so serious that a person's behavior is considered harmful.

Many areas of the state have mental health crisis hotlines that can help with information, referral, or crisis intervention.

If you are a parent or guardian of a child under age 18, you can authorize treatment or hospitalization of your child without a court order.

EATING DISORDERS

In a society that discriminates against people, particularly women, who do not look slender, many people find they cannot – or think they cannot – meet society's standards through normal, healthy eating habits and they often fall victim to eating disorders.

τ **Types of eating disorders.**

There are two common types of eating disorders:

- *Bulimia nervosa* – characterized by a cycle of bingeing and purging. Binge-eating is the uncontrolled consumption of large amounts of food lasting from a few minutes to several hours. This is followed by purging -- or ridding the body of food eaten during a binge -- either through self-induced vomiting, laxatives, fasting, severe diets, or vigorous exercise.

- *Anorexia nervosa* – self-imposed starvation. People with anorexia refuse to eat and consider losing weight paramount in their lives. They may try different methods of purging to further lose weight.

People who are bulimic eventually recognize they have a problem. People who are anorexic will deny their behavior is abnormal. People who are bulimic usually maintain a near normal weight, while people who are anorexic become shockingly thin. A person with anorexia may turn to bulimia as an alternative form of weight control. This is called *bulimarexia*.

τWho it affects.

While eating disorders affect both men and women of all ages, the typical person with an eating disorder is a woman whose abnormal eating behavior began in her teenage years. She is most likely a perfectionist and a high achiever, concerned about her appearance and how she is perceived by others, but emotionally insecure, often frightened, and lonely.

The woman with bulimia binge-eats in response to feelings of loneliness, anxiety, or anger. Feeling guilty over subsequent weight gain, she turns to purging as a way to alleviate those feelings. The cycle of bingeing and purging becomes a part of her daily life and she may binge just so she can purge. This cycle continues until she recognizes she needs help.

The woman with anorexia may equate being the best with being the thinnest because dieting is something she finds she can do successfully. She may do this in reaction to a fear of growing up or in rebellion against parents or other authority figures.

τPhysical effects.

The abnormal eating habits of someone with an eating disorder can seriously affect his or her physical health:

- Vomiting can lead to erosion of tooth enamel, perforate the esophagus, lead to internal bleeding, and cause infections of the salivary glands and throat.
- Purging upsets the balance of fluids, hormones, and nutrients needed by the body to function properly, leading to muscle cramps, stiffness in the limbs and joints, ulcers, cramps, an irregular heart rhythm or heart failure, damage to the kidneys and liver, diabetes, and amenorrhea (absence of menstruation).
- Bingeing can lead to ulcers and a fatal rupture of the stomach.
- Excessive use of laxatives can damage the digestive tract and lead to colitis.
- Severe fasting – as in anorexia – starves the body of needed nutrition, leading to shrinkage of vital organs, irregular heart rhythm or heart failure, and infertility. Some of these effects, if not detected in time, can be permanent or fatal.
- Anorexia can lead to constipation and difficulty in urination, muscle cramps, swelling of joints, nerve and tendon damage, digestive problems, and loss of concentration.

Because people with bulimia use food as an escape, they may turn to other substances, such as alcohol or drugs, to both escape and to break the binge-purge cycle. This practice can lead to substance abuse and addiction.

τWarning signs.

Any of the following may be a warning that someone is bulimic or anorexic:

- Secrecy, especially in bulimia, where a person is hiding the bingeing and purging
- Leaving the table immediately after eating to use the restroom (to purge)
- Abuse of laxatives
- Severe weight loss or dramatic fluctuations in weight
- Depression brought on by a poor self-image
- Severe dieting and excessive exercise
- Abnormal interest or obsession with food (in bulimia)
- Unusual eating habits, such as taking only tiny bites (in anorexia)
- Absence of menstruation
- Cavities and gum disease (caused by vomiting and/or poor nutrition)
- Hair loss or dull, stringy hair (due to lack of protein)
- Excessive body hair (to compensate for heat loss) and extreme sensitivity to cold (in anorexia)

τTreatment.

Both bulimia and anorexia can be treated with a combination of medical and psychological approaches to deal with the physical effects of abnormal eating and the underlying psychological problems that may have caused it.

τWhat else to do.

People with an eating disorder or any mental illness also face a stigma attached to these illnesses by society. This stigma causes discrimination against them in employment, housing, health care, and the ability to buy health insurance. By learning more about mental illness and the effectiveness of treatment, this discrimination can end, thereby removing the stigma that acts as a barrier to successful treatment.

CIVIL INVOLUNTARY DETENTION

Some persons, as a result of a mental illness, may be harmful to themselves or others or may be unable to make basic decisions about food, clothing, shelter, safety, medical care, or mental health care. This condition is usually temporary and improves with treatment. The terms mental disorder and mental illness have specific legal definitions and may be somewhat different than found in regular clinical practice.

Harm to self and others does not require an actual physical injury, it can be verbal threats, attempts, or patterns of behavior that have historically resulted in harm. Harm may also include a reasonable fear of harm.

The legal definition of "mental disorder," "mental illness," and "harmful to self and others" is:

"Mental disorder," any organic, mental or emotional impairment which has substantial adverse effects on a person's cognitive, volitional, or emotional function and which constitutes a substantial impairment in a person's ability to participate in activities of normal living.

"Mental Illness," a state of impaired mental processes, which impairment results in a distortion of a person's capacity to recognize reality due to hallucinations, delusions, faulty perceptions or alterations of mood, and interferes with an individual's ability to reason, understand or exercise conscious control over his actions. The term "mental illness" does not include the following conditions unless they are accompanied by a mental illness as otherwise defined in this subdivision:

- A) Mental retardation, developmental disability or narcolepsy;
- B) Simple intoxication caused by substances such as alcohol or drugs;
- C) Dependence upon or addiction to any substances such as alcohol or drugs; and
- D) Any other disorders such as senility, which are not of an actively psychotic nature.

"Likelihood of serious (physical) harm" means any one or more of the following, but does not require actual physical injury to have occurred.

A) A substantial risk that serious physical harm will be inflicted by a person upon his own person, as evidenced by recent threats, including verbal threats or attempts to commit suicide or inflict physical harm on himself. Evidence of substantial risk may also include information about patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon himself;

B) A substantial risk that serious physical harm to a person will result or is occurring because of an impairment in his capacity to make decisions with respect to his hospitalization and need for treatment as evidenced by his current mental disorder or mental illness which results in an inability to provide for his own basic necessities of food, clothing shelter, safety or medical care or his inability to provide for his own mental health which may result in a substantial risk of serious physical harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in serious harm to the person previously taking place because of a mental disorder or mental illness which resulted in his inability to provide for his basic necessities of food, clothing, shelter or medical or mental health care; or

C) A substantial risk that serious physical harm will be inflicted by a person upon another as evidenced by recent overt acts, behaviors, or threats, including verbal threats, which have caused such harm or would place a reasonable person in reasonable fear of sustaining such harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in physical harm previously being inflicted by a person upon another person. (632.005 RSMo)

Affidavits are an important component of civil involuntary detention. These are statements of fact from persons who have witnessed harm and are necessary to support the involuntary detention. Persons who are mentally disordered and as a result harmful may be detained to a mental health facility for up to 96 hours to determine if they are mentally ill and continue to be harmful. An attorney is designated for the person and notice of their rights and why they are being detained is provided. If further detention beyond 96 hours is necessary a judicial hearing must occur. The law provides authority for outpatient commitment as an option to inpatient detention. This option may not be available in all areas of the state.

Common Questions About Civil Involuntary Detention

- **Will I have a lawyer represent me if I am detained in a mental health facility?** Yes!

You will be given the name and phone number of an attorney within three hours of your admission. You should contact this attorney if you have any legal questions. This attorney may also be appointed by the court to represent you if further detention hearings are necessary.

• ***How long will I be detained to a mental health facility?*** Initially you will be detained for up to 96 hours. During this initial 96 hours you will be evaluated and treated. Most persons are released at the end of the 96 hours or they choose to continue treatment voluntarily.

• ***Is the 96 hours always four days?*** No Saturday and Sunday and legal holidays do not count as part of the 96 hours. For example, if you are detained on a Wednesday afternoon, your 96 hours does not end until the next Tuesday afternoon.

• ***Can I be detained longer than 96 hours?*** Yes, if you are found to be mentally ill and continue to present a likelihood of serious harm, the mental health facility may file a petition for a court hearing to determine if you should be detained for 21 more days for evaluation and treatment. The hearing must be held within two days after the petition is filed with the court. The mental health facility will continue to detain you until the court hearing. The 21-day period includes weekends and holidays. If you are detained for 21 days, you may be detained for an additional 90 days or one year.

• ***What happens at the court hearing?*** You will be represented by an attorney appointed by the court, or if you choose, an attorney of your own choice, at your own expense. The mental health facility has to prove to the court that:

- 1) because of a mental illness, you present a likelihood of serious harm to yourself or to others;
- 2) you are in need of continued detention and treatment;
- 3) a certain mental health program is appropriate to treat your condition, and that program has agreed to treat you;
- 4) a specific range of care, treatment, and services will be provided to you;
- 5) that treatment will be paid.

The facility will have to prove the above by presenting witnesses and documents to support their position. Your attorney will ask them questions and present your witnesses and documents. The judge will make a final decision. You may appeal this decision if you choose. This same process will occur if you are detained for an additional period of 90 days or one year.

• ***Can I be forced to take medication?*** Yes. The detention for either 96 hours, 21 days, 90 days, or one year is for treatment which may include medication.

• ***Can I be detained to a program other than an inpatient mental health facility?*** Yes, you may be detained to an outpatient commitment program that may allow you to live in the community

as long as you participate in treatment and to not present harmful behavior. To qualify you must have at least a supportive family, friends, or case managers to assist you. If you don't follow through with the necessary treatment, you may be returned to an inpatient facility.

• ***What other rights do I have?*** You have the right to protection and treatment. These rights are given to you upon admission and are posted. You may also discuss these rights with your attorney and with those treating you.

For more information about civil involuntary detention, speak with a mental health professional or an attorney. To find specific statutory language about this process, refer to the Missouri Revised Statutes chapter 632.

OUTPATIENT COMMITMENT

The Mental Health Facility to which you have been detained for 96 hours may be considering detaining

you for a longer period of involuntary treatment for either 21 days, 90 days, or one year. Your treatment team also has the choice to continue your involuntary treatment outside of the Mental Health Facility for up to 180 days of Outpatient Commitment under the supervision of a Community Mental Health Program.

The decision to choose Outpatient Commitment as an alternative to Inpatient Commitment is based on several factors:

- 1) your diagnosis and symptoms;
- 2) your safety while in the community;
- 3) the availability of support of family, friends, and others in the community;
- 4) the presence of a Mental Health Program that can adequately meet your needs outside of the hospital;
- 5) your willingness to accept any treatment or medication deemed necessary while in the community;
- 6) your willingness to agree to and comply with conditions for Outpatient Commitment and your treatment plan.

You will have the same rights as an involuntary patient who is receiving inpatient treatment in a Mental Health Facility. You will not be placed on Outpatient Commitment without a court hearing. You will have a treatment plan and conditions of Outpatient Commitment which will be explained to you and which you will be expected to follow.

If you fail to follow your treatment plan or conditions of Outpatient Commitment and become harmful to yourself or others by either threats or behavior, or you have a history of a pattern of behavior that has resulted in harm, you will be returned to an inpatient unit of a Mental Health Facility.

GUARDIANSHIP AND CONSERVATORSHIP

Some persons with mental illnesses may not be able to understand basic issues, make, and carry out decisions as a result of their illness. Those persons are considered to be incapacitated and need another person who is legally authorized as guardian by the court to make decisions for them. Guardians make decisions about the person's care, safety, and health. If property and financial assets are involved, a conservator may be appointed to prudently preserve, protect, and manage any property. To find out more about this, speak with a mental health professional or an attorney.

DISCLOSURE OF INFORMATION

State statute provides that records and information compiled by mental health facilities and programs are confidential except under certain conditions or with consent of the patient, the patient's guardian, or if the patient is a minor, with parental consent (See section 630.140 RSMo). However, there are statutory provisions for releasing confidential treatment information to the primary care provider(s) (who may also be a parent or friend who is providing support to the patient), when such information is medically necessary for the provision of appropriate health care treatment by the care provider or is related to the safety of the patient or care provider. (See section 632.392.1 (2) HS HCS SBs 884 & 841 88th General Assembly 1996).

WHERE TO GET HELP

There are many organizations and agencies that can provide education, information, support, and services to you, your family, friends, or care provider. Speak with a mental health professional for information about these services located close to you. A few of the resources are:

The Missouri Department of Mental Health *(800) 364-9687*

Missouri Coalition of Alliances for the Mentally Ill *(800) 374-2138*

Missouri Protection and Advocacy *(800) 392-8667*

Mental Health Associations

Kansas City -- *(816) 822-7100*

St. Louis -- *(314) 773-1399*

Springfield -- *(417) 882-4677*

Depressive/Manic Depressive Association *(314) 776-3969*

Missouri Coalition of Community Mental Health Centers *(573) 634-4626*

Missouri Statewide Parent Advisory Network *(314) 972-0600*

The state provides funding for mental health services statewide through a network of administrative agents. The Coalition of Community Mental Health Centers or the Department of Mental Health will be able to refer you to a Community Mental Health Center near you.

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